

APPLICATION FOR MSC AFLOAT EMPLOYMENT
INSTRUCTION SHEET
IMPORTANT

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING YOUR APPLICATION

GENERAL INSTRUCTIONS

Send your completed form to the following address:

**MILITARY SEALIFT COMMAND
AFLOAT PERSONNEL MANAGEMENT CENTER
P.O. BOX 120 ATTN APM 124 RECRUITMENT
VIRGINIA BEACH VA 23458-0120**

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0703-0014), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Please do not return your application to the above address. Return completed application to the address shown on the application instruction sheet.

PRIVACY ACT STATEMENT

AUTHORITY:	E.O. 9397; 5 USC 1104
PRINCIPAL PURPOSES(S):	The information on this application form will be used to analyze qualifications and determine suitability for, or continuance of federal seagoing employment with the Military Sealift Command.
ROUTINE USE(S):	Social Security Numbers are used to identify you and ensure the information is correctly filed. The information we collect will be used to evaluate the capability of individuals applying for seagoing positions, and may be given to Federal, State and local agencies for checking on law violations or other lawful purposes.
DISCLOSURE:	Providing this information is voluntary; however, failure to provide the information will preclude us from processing your application, which is the first step toward getting a job. Incomplete address and ZIP Codes will also slow processing.

Answer every question clearly and completely in order to prevent delay in considering your application. Use a typewriter or print in **DARK INK**. If your address or telephone number changes, notify the MSC employment office at the above address.

INSTRUCTIONS FOR COMPLETING ITEM 16, Part F - VETERANS' PREFERENCE

DO NOT LEAVE Item 16 BLANK. If you do not claim veteran preference, place an "X" in the box next to "**NO PREFERENCE**".

You cannot receive veteran preference if you are retired or plan to retire at or above the rank of major or lieutenant commander, unless you are disabled or retired from the active military Reserve.

To receive veteran preference your separation from active duty must have been under honorable conditions. This includes honorable and general discharges. A clemency discharge does not meet the requirements of the Veteran Preference Act.

Active duty for training in the military Reserve and National Guard programs is not considered active duty for purposes of veteran preference.

To qualify for preference you must meet **ONE** of the following conditions:

1. Served on active duty anytime between December 7, 1941, and July 1, 1955; (If you were a Reservist called to active duty between February 1, 1955 and July 1, 1955, you must meet condition 2, below.)
or
2. Served on active duty any part of which was between July 2, 1955 and October 14, 1976 or a Reservist called to active duty between February 1, 1955 and October 14, 1976 and who served for more than 180 days;
or
3. Entered on active duty between October 15, 1976 and September 7, 1980 or a Reservist who entered on active duty between October 15, 1976 and October 13, 1982 and received a Campaign Badge or Expeditionary Medal or are a disabled veteran;
or
4. Enlisted in the Armed Forces after September 7, 1980 or entered active duty other than by enlistment on or after October 14, 1982 **and:**
 - a. completed 24 months of continuous active duty or the full period called or ordered to active duty, or were discharged under 10 U.S.C. 1171 or for hardship under U.S.C. 1173 and received or were entitled to receive a Campaign Badge or Expeditionary Medal; **or**
 - b. are a disabled veteran.

If you meet one of the four conditions above, you qualify for 5-point preference. If you want to claim 5-point preference and do not meet the requirements for 10-point preference, discussed below, place and "X" in the box next to "**5-POINT PREFERENCE**."

If you think you qualify for 10-Point Preference, review the requirements described in the Standard Form (SF) 15, Application for 10-Point Veteran Preference. The SF 15 is available from and Federal Job Information Center. The 10-point preference groups are: Non-Compensably Disabled or Purple Heart Recipient; Compensably Disabled (less than 30%); Compensably Disabled (30% or more); and Spouse, Widow(er) or Mother of a deceased or disabled veteran.

If you claim 10-point preference, place and "X" in the box next to the group that applies to you. To receive **10-point preference you must attach a completed SF 15 to this application together with the proof requested in the SF 15.**

DRUG-FREE WORKPLACE NOTICE

All MSC afloat positions are subject to the requirements of the Drug-Free Workplace Program which includes drug urinalysis testing of tentatively selected applicants. Selection is contingent upon a negative drug test result. Thereafter, employees will be subject to drug testing on a random basis and under certain other conditions.

Military Sealift Command is an Equal Opportunity Employer

APPLICATION FOR MSC AFLOAT EMPLOYMENT

FORM APPROVED
OMB. No. 0703-0014
EXPIRES; Nov. 30, 1995

1. Name (last, first, middle)			5. Birth date (month, day, year)			DO NOT USE THIS SPACE		
2. Positions applied for (list lowest position rating you will accept)			6. Birth place (city and state or country)					
			7. Other names ever used (e.g., maiden name, nickname, etc.)					
			8. Social Security Number		9. Day Phone Area Code Number			
3. Mailing address (include apartment number, if any)			10. Work Phone Area Code Number Extension			YES NO		
City State ZIP Code			11. Do you possess a Drivers License? If yes, for what state? _____					
			12. Would you accept employment on either the Atlantic or Pacific Coast?					
4. Permanent mailing address (if different from block 3)			13. Willingness to accept temporary employment			YES NO		
City State ZIP Code			a. Will you accept appointment for 6 months or less?					
			b. Will you accept appointment for 7 to 12 months?			YES NO		
			14. Do you have a current U.S. passport?					
15. U.S. COAST GUARD LICENSES AND DOCUMENT INFORMATION								
Do you possess a U.S. Coast Guard Merchant Mariner's Document? (If so, complete A, B, and C below.)			YES NO		Complete items D, E, and F below if you hold a Coast Guard Deck, Engineer, or Radio Officer's License or a Staff Officer's Certificate of Registry.			
			YES NO					
A. Ratings held and expiration date (month, day, year) (If temporary so state)			D. Licenses held and expiration date (month, day, year)					
B. Do you have a lifeboat endorsement?			YES NO		E. Limitations and endorsements on licenses			
			YES NO					
C. List all endorsements shown on the back of your merchant mariner's document.			F. For licensed Deck Officers			YES NO		
			Are you a qualified radar observer?					
16. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE								
A. Have you served in the United States Military Service? (If your only active duty was training in the Reserves or National Guard, answer "NO". If "NO", go to item 16, Part F.)			YES NO		E. If all your active military duty was after October 14, 1976, list the full names and dates of all campaign badges or expeditionary medals you received or were entitled to receive.			
			YES NO					
B. Did you or will you retire at or above the rank of major or lieutenant commander?			YES NO		F. Read the instructions that came with this form before completing this Item. When you have determined your eligibility for veteran preference from the instructions, place an "X" in the box next to your veteran preference claim.			
			YES NO					
C. Were you discharged from the military service under honorable conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO".) If "NO", provide below the date and type of discharge you received.			YES NO		<input type="checkbox"/> NO PREFERENCE <input type="checkbox"/> 5-POINT PREFERENCE - You must show proof when you are hired. <input type="checkbox"/> 10-POINT PREFERENCE - If you claim 10-point preference, place an "X" in the box below next to the basis for your claim. To receive 10-point preference you must also complete a Stand Form 15, Application for 10-Point Veteran Preference, which is available from any Federal Job Information Center. ATTACH THE COMPLETED SF 15 AND REQUESTED PROOF TO THIS APPLICATION. <input type="checkbox"/> Non-compensably disabled on Purple Heart recipient. <input type="checkbox"/> Compensably disabled, less than 30 percent. <input type="checkbox"/> Spouse, widow(er), or mother of a deceased or disabled veteran. <input type="checkbox"/> Compensably disabled, 30 percent or more.			
			YES NO					
D. List the dates (Month, Day, Year), and branch for all active duty military								
From To		Branch of Service						
FOR USE OF APPOINTING OFFICE ONLY								
Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.			Date		Signature			

17. SEAGOING EXPERIENCE

List your last ship first and work back showing all sea experience (Government and Commercial) including Navy, Coast Guard, MSC, MSTs, ATS, NOAA, etc.. Include periods of extended unemployment. Applicants for licensed engine department positions must show propulsion machinery and horsepower. If you need more space, use blank sheets of paper and include your name, social security number, and date of birth on each separate sheet. Can you provide discharge verification if required? ☐ Yes ☐ No

A	Position held	When (give month, day and year) From To	Type of ship
Tonnage <input type="checkbox"/> Steam <input type="checkbox"/> Diesel <input type="checkbox"/> Horsepower		Name and address of company (include ZIP Code, if known)	Reason for leaving
Description of work (Duties, Responsibilities of the job)			
B	Position held	When (give month, day and year) From To	Type of ship
Tonnage <input type="checkbox"/> Steam <input type="checkbox"/> Diesel <input type="checkbox"/> Horsepower		Name and address of company (include ZIP Code, if known)	Reason for leaving
Description of work (Duties, Responsibilities of the job)			
C	Position held	When (give month, day and year) From To	Type of ship
Tonnage <input type="checkbox"/> Steam <input type="checkbox"/> Diesel <input type="checkbox"/> Horsepower		Name and address of company (include ZIP Code, if known)	Reason for leaving
Description of work (Duties, Responsibilities of the job)			
D	Position held	When (give month, day and year) From To	Type of ship
Tonnage <input type="checkbox"/> Steam <input type="checkbox"/> Diesel <input type="checkbox"/> Horsepower		Name and address of company (include ZIP Code, if known)	Reason for leaving
Description of work (Duties, Responsibilities of the job)			
E	Position held	When (give month, day and year) From To	Type of ship
Tonnage <input type="checkbox"/> Steam <input type="checkbox"/> Diesel <input type="checkbox"/> Horsepower		Name and address of company (include ZIP Code, if known)	Reason for leaving
Description of work (Duties, Responsibilities of the job)			

18.	May inquiry be made of your present employer regarding your character, qualifications, and record of employment? A "No" will not affect the initial evaluation of your qualifications. If it is necessary to contact your present employer prior to final selection, you will be notified first.			YES	NO
19. NON-SEAGOING EXPERIENCE					
List your last position first and work back showing all periods of employment and unemployment for the past ten (10) years. Summarize in one or more blocks pertinent experience acquired more than ten years ago. Include jobs in private industry, periods of military service, and Government Civil Service. If you need more space use blank sheets of paper and include your name, social security number and date of birth on each separate sheet.					
A	Position held	When (give month, day and year) From To		Reason for leaving	
Name and address of employer (include ZIP Code, if known)		Your immediate supervisor		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion.	
		Telephone No. Area Code Number Extension			
Description of work (Duties, Responsibilities of the job)					
B	Position held	When (give month, day and year) From To		Reason for leaving	
Name and address of employer (include ZIP Code, if known)		Your immediate supervisor		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion.	
		Telephone No. Area Code Number Extension			
Description of work (Duties, Responsibilities of the job)					
C	Position held	When (give month, day and year) From To		Reason for leaving	
Name and address of employer (include ZIP Code, if known)		Your immediate supervisor		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion.	
		Telephone No. Area Code Number Extension			
Description of work (Duties, Responsibilities of the job)					
D	Position held	When (give month, day and year) From To		Reason for leaving	
Name and address of employer (include ZIP Code, if known)		Your immediate supervisor		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion.	
		Telephone No. Area Code Number Extension			
Description of work (Duties, Responsibilities of the job)					
E	Position held	When (give month, day and year) From To		Reason for leaving	
Name and address of employer (include ZIP Code, if known)		Your immediate supervisor		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion.	
		Telephone No. Area Code Number Extension			
Description of work (Duties, Responsibilities of the job)					

For Item 20A, B, C(1), C(2), indicate the level of experience you have had using the scale given below.

SCALE

0 - Have not had any training or work experience.

2 - Have used/performed alone with little supervision.

1 - Have had training but never had job experience.

3 - Have used/performed and trained or supervised others.

20. For applicants seeking other than a licensed position

A. Please use scale to indicate your level of experience with the following tools or equipment.

- | | | |
|---|---|---|
| <input type="checkbox"/> Pliers | <input type="checkbox"/> Fork Lift | <input type="checkbox"/> Grinder |
| <input type="checkbox"/> Hammer | <input type="checkbox"/> Hand Truck | <input type="checkbox"/> Shredder |
| <input type="checkbox"/> Screwdriver | <input type="checkbox"/> Dolly | <input type="checkbox"/> Slicer |
| <input type="checkbox"/> File | <input type="checkbox"/> Power Winch | <input type="checkbox"/> Pressure Cooker |
| <input type="checkbox"/> Chisel | <input type="checkbox"/> Grease Gun | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Wrench | <input type="checkbox"/> Impact Wrench | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Hand Saw | <input type="checkbox"/> Soldering Iron | <input type="checkbox"/> Coffee Urn |
| <input type="checkbox"/> Power Saw | <input type="checkbox"/> Wire Strippers | <input type="checkbox"/> Stoves/Ovens |
| <input type="checkbox"/> Portable Drill | <input type="checkbox"/> Basic Voltmeter/Ohmmeter | <input type="checkbox"/> Steam Tables |
| <input type="checkbox"/> Power Shaper | <input type="checkbox"/> Hydraulic Bender | <input type="checkbox"/> Steam Jacketed Kettles |
| <input type="checkbox"/> Mortiser | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Large pots & pans |
| <input type="checkbox"/> Router | <input type="checkbox"/> Kitchen Utensils | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Metal Shears | <input type="checkbox"/> Toaster | <input type="checkbox"/> |
| <input type="checkbox"/> Lathe | <input type="checkbox"/> Grill | <input type="checkbox"/> |
| <input type="checkbox"/> Jointer | <input type="checkbox"/> Mixer | <input type="checkbox"/> |
| <input type="checkbox"/> Scraper | <input type="checkbox"/> Blender | <input type="checkbox"/> |
| <input type="checkbox"/> Power Scraper | <input type="checkbox"/> Deep Fryer | <input type="checkbox"/> |

B. Please use scale to indicate your level of experience in the performance of the following duties.

- | | |
|---|--|
| <input type="checkbox"/> Installed electrical circuits | <input type="checkbox"/> Baked bread & pastries |
| <input type="checkbox"/> Spliced cable | <input type="checkbox"/> Prepared convenience foods |
| <input type="checkbox"/> Repaired telephone equipment | <input type="checkbox"/> Prepared a variety of meats, seafood, & poultry |
| <input type="checkbox"/> Repaired electrical equipment & systems on ships | <input type="checkbox"/> Prepared soups |
| <input type="checkbox"/> Maintained electrical equipment & systems on ships | <input type="checkbox"/> Prepared sauces |
| <input type="checkbox"/> Repaired electrical equipment & systems in facilities such as hospitals | <input type="checkbox"/> Prepared a variety of desserts |
| <input type="checkbox"/> Maintained electrical equipment & systems in facilities such as hospitals | <input type="checkbox"/> Prepared salads |
| <input type="checkbox"/> Repaired electric motors | <input type="checkbox"/> Planned menus |
| <input type="checkbox"/> Worked in a steam power plant | <input type="checkbox"/> Ordered supplies/food for a large restaurant or institution |
| <input type="checkbox"/> Worked in a diesel power plant | <input type="checkbox"/> Served food |
| <input type="checkbox"/> Worked as a machinist or welder | <input type="checkbox"/> Arranged dining facilities (place settings, linens, etc.) |
| <input type="checkbox"/> Welded to fine tolerances | <input type="checkbox"/> Prepared a variety of beverages |
| <input type="checkbox"/> Welded using processes such as brazing, beading, pressure welding, tack welding | <input type="checkbox"/> Performed housekeeping duties in an institution (hospital, etc.) or hotel/motel |
| <input type="checkbox"/> Worked as a pipefitter | <input type="checkbox"/> Worked with formal supply systems |
| <input type="checkbox"/> Repaired air conditioning equipment | <input type="checkbox"/> Performed inventory duties |
| <input type="checkbox"/> Repaired refrigeration equipment | <input type="checkbox"/> Maintained storerooms/stockrooms |
| <input type="checkbox"/> Painted metal surfaces (aircraft, ships, automobiles, etc.) | <input type="checkbox"/> Maintained stock records |
| <input type="checkbox"/> Prepared metal surfaces for painting | <input type="checkbox"/> Maintained budget records |
| <input type="checkbox"/> Painted surfaces other than metal (plastic, wood, etc.) | <input type="checkbox"/> Planned for & ordered stock/parts |
| <input type="checkbox"/> Mixed paints, varnishes, stains | <input type="checkbox"/> Planned storage schemes |
| <input type="checkbox"/> Climbed ladders | <input type="checkbox"/> Arranged items stored to allow for maximum use of space & proper issue |
| <input type="checkbox"/> Handled heavy loads | <input type="checkbox"/> Stored supplies |
| <input type="checkbox"/> Worked in high places | <input type="checkbox"/> Worked as an administrative assistant |
| <input type="checkbox"/> Frequently (10 or more times per month) cooked full meals for large number of people | <input type="checkbox"/> Worked in a payroll office |
| <input type="checkbox"/> Performed short-order cooking | <input type="checkbox"/> Used instruction manuals |
| <input type="checkbox"/> | <input type="checkbox"/> Operated computer terminals |
| <input type="checkbox"/> | <input type="checkbox"/> Operated office machines |
| <input type="checkbox"/> | <input type="checkbox"/> Other (please specify) |
| | <input type="checkbox"/> |

C. MARINE KNOWLEDGE/SKILLS/ABILITIES *(For unlicensed and licensed positions)*

Sections C1 and C2 apply to a variety of marine equipment/machinery and duties. Please use the scale 0 through 3 shown on previous page to indicate your level of experience. List any other knowledge/skills/abilities applicable to marine employment you may have.

C (1) EQUIPMENT & MACHINERY *(Please use the scale 0 through 4 shown on previous page.)*

- | | |
|--|---|
| <input type="checkbox"/> Diesel Engines <i>(Main Propulsion)</i> | <input type="checkbox"/> Anchor Windlass |
| <input type="checkbox"/> Diesel Engines <i>(Generators and/or small)</i> | <input type="checkbox"/> Capstans |
| <input type="checkbox"/> Gasoline Engines <i>(Small boat)</i> | <input type="checkbox"/> Automated Bridge Controls |
| <input type="checkbox"/> Chipping Hammer <i>(air)</i> | <input type="checkbox"/> A. C. Generators |
| <input type="checkbox"/> Deck Winches | <input type="checkbox"/> D. C. Generators |
| <input type="checkbox"/> Bow Thruster | <input type="checkbox"/> Boiler water supply equipment |
| <input type="checkbox"/> Steam Turbines | <input type="checkbox"/> Compressors |
| <input type="checkbox"/> Pumps | <input type="checkbox"/> Collision Avoidance Radar |
| <input type="checkbox"/> Booms | <input type="checkbox"/> Gyro Compass <i>(Master)</i> |
| <input type="checkbox"/> Boilers <i>(Main)</i> | <input type="checkbox"/> Life boats |
| <input type="checkbox"/> After Steering Engine | <input type="checkbox"/> Fire Detector System |
| <input type="checkbox"/> Davits | <input type="checkbox"/> CO ₂ Extinguishing System |
| <input type="checkbox"/> Ventilation System <i>(HVAC)</i> | <input type="checkbox"/> Inert Gas Systems |
| <input type="checkbox"/> STREAM Gear | <input type="checkbox"/> Helos |
| <input type="checkbox"/> Fathometer | <input type="checkbox"/> Others <i>(Please Specify)</i> |
| <input type="checkbox"/> Steering System <i>(Bridge)</i> | <input type="checkbox"/> |
| <input type="checkbox"/> Main Electrical Switchboard | <input type="checkbox"/> |

C (2) DUTIES *(Please use the scale 0 through 3 shown on previous page.)*

- | | |
|--|---|
| <input type="checkbox"/> Operated hydraulic equipment | <input type="checkbox"/> Installed hardware & fittings on launches |
| <input type="checkbox"/> Repaired valves | <input type="checkbox"/> Towed floating equipment with launch |
| <input type="checkbox"/> Tied knots | <input type="checkbox"/> Lubricated deck machinery |
| <input type="checkbox"/> Used life-saving equipment | <input type="checkbox"/> Operated booms |
| <input type="checkbox"/> Chipped paint | <input type="checkbox"/> Riggged booms |
| <input type="checkbox"/> Spliced wire rope | <input type="checkbox"/> Operated STREAM gear |
| <input type="checkbox"/> Spliced other rope <i>(fiber)</i> | <input type="checkbox"/> Riggged STREAM gear |
| <input type="checkbox"/> Riggged a boatswains chair & staggering | <input type="checkbox"/> Stood anchor watch |
| <input type="checkbox"/> Operated davits | <input type="checkbox"/> Stood gangway watch |
| <input type="checkbox"/> Worked on slippery surfaces | <input type="checkbox"/> Stood bridge watch <i>(underway)</i> |
| <input type="checkbox"/> Performed cleaning or sougeeing | <input type="checkbox"/> Stood lookout watches |
| <input type="checkbox"/> Handled lines | <input type="checkbox"/> Stood engineroom watch <i>(underway)</i> |
| <input type="checkbox"/> Maintained engine machinery | <input type="checkbox"/> Stood engineroom watch <i>(in port)</i> |
| <input type="checkbox"/> Took tank soundings | <input type="checkbox"/> Launched lifeboats |
| <input type="checkbox"/> Operated valves | <input type="checkbox"/> Commanded lifeboats <i>(oars)</i> |
| <input type="checkbox"/> Lubricated engine equipment | <input type="checkbox"/> Tested boiler water |
| <input type="checkbox"/> Used various lubricants | <input type="checkbox"/> Operated lube oil purifier |
| <input type="checkbox"/> Disassembled engine room equipment | <input type="checkbox"/> Operated evaporators |
| <input type="checkbox"/> Assembled engine room equipment | <input type="checkbox"/> Operated main throttle |
| <input type="checkbox"/> Read electrical meters | <input type="checkbox"/> Operated remote shut down devices for machinery spaces |
| <input type="checkbox"/> Read mechanical gauges | <input type="checkbox"/> Operated machine lathe |
| <input type="checkbox"/> Cleaned burners | <input type="checkbox"/> Fabricated parts |
| <input type="checkbox"/> Fired oil burners | <input type="checkbox"/> Serviced storage batteries |
| <input type="checkbox"/> Assembled & disassembled burners | <input type="checkbox"/> Used leadline |
| <input type="checkbox"/> Changed & cleaned strainers | <input type="checkbox"/> Kept deck log |
| <input type="checkbox"/> Operated & maintained burners | <input type="checkbox"/> Kept engineering log |
| <input type="checkbox"/> Transferred fuel between tanks | <input type="checkbox"/> Knowledge of ship trim and stability |
| <input type="checkbox"/> Pumped bilges | <input type="checkbox"/> Cargo stowage |
| <input type="checkbox"/> Steered by Gyro Compass | <input type="checkbox"/> Slushed standing rigging |
| <input type="checkbox"/> Steered by magnetic compass | <input type="checkbox"/> Lubricated running rigging |
| <input type="checkbox"/> Kept vessel on course | <input type="checkbox"/> Serviced damage control lockers and equipment |
| <input type="checkbox"/> Interpreted navigational charts | <input type="checkbox"/> Used all types firefighting equipment |
| <input type="checkbox"/> Used navigational aids | <input type="checkbox"/> Taken on fuel, lube oil, and water |
| <input type="checkbox"/> Used navigational rules & regulations | <input type="checkbox"/> Knowledge of Computers - marine application |
| <input type="checkbox"/> Operated gasoline engines | <input type="checkbox"/> Operated computerized cargo systems |
| <input type="checkbox"/> Operated diesel engines | <input type="checkbox"/> Other <i>(please specify)</i> |
| <input type="checkbox"/> Packed shafts & bearings | <input type="checkbox"/> |
| <input type="checkbox"/> Repaired small boat hulls | <input type="checkbox"/> |
| <input type="checkbox"/> Performed preventive maintenance on engines | <input type="checkbox"/> |
| <input type="checkbox"/> Operated a survey vessel | <input type="checkbox"/> |
| <input type="checkbox"/> Operated with helos | <input type="checkbox"/> |
| <input type="checkbox"/> Operated/used inert gas systems | <input type="checkbox"/> |
| <input type="checkbox"/> Gas free engineer certified | <input type="checkbox"/> |

21. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. At least one should know you well on a personal basis. Do not repeat names of supervisors listed under Item 19.

FULL NAME OF REFERENCE	TELEPHONE NUMBER(S) <small>(Include Area Code)</small>	PRESENT BUSINESS OR HOME ADDRESS	STATE	ZIP CODE
1)				
2)				
3)				

22. EDUCATION AND TRAINING

A. Did you graduate from high school or will you graduate within the next nine months, or do you have a GED high school equivalency certificate?				B. Write the name and location (city and state) of the last high school you attended or where you obtained your GED high school equivalency.					
YES <input type="checkbox"/> ? If "YES", give month and year graduated or received GED equivalency NO <input type="checkbox"/> ?				C. Have you ever attended college or graduate school?				Yes <input type="checkbox"/> ? If "YES", continue with D. No <input type="checkbox"/> ?	
D. NAME AND LOCATION (city, state and ZIP Code) OF COLLEGE OR UNIVERSITY. If you expect to graduate within nine months, give the month and year you expect to receive your degree:				MONTH AND YEAR ATTENDED		NUMBER OF CREDIT HOURS COMPLETED		TYPE OF DEGREE <small>(e.g. B.A., M.A.)</small>	MONTH AND YEAR OF DEGREE
Name	City	State	ZIP Code	From	To	Semester	Quarter		
1)									
2)									
3)									
E. CHIEF UNDERGRADUATE SUBJECTS <small>(Show major on the first line)</small>			NUMBER OF CREDIT HOURS COMPLETED		F. CHIEF GRADUATE SUBJECTS <small>(Show major on the first line)</small>			NUMBER OF CREDIT HOURS COMPLETED	
			Semester	Quarter				Semester	Quarter
1)					1)				
2)					2)				
3)					3)				
G. If you have completed any other courses or training related to the kind of jobs you are applying for <small>(trade, vocational, Armed Forces, business)</small> give information below.									
NAME AND LOCATION (city, state and ZIP Code) OF SCHOOL			MONTH AND YEAR		CLASS-ROOM HOURS	SUBJECT(S)	TRAINING COMPLETED		
			From	To			YES	NO	
School Name									
City	State	ZIP Code							
School Name									
City	State	ZIP Code							

H. INDICATE TRAINING COMPLETED IN THE FOLLOWING AREAS BY PLACING AN "X" IN THE YES OR NO COLUMN. LIST OTHER MARITIME TRAINING RECEIVED SUCH AS COURSES IN GYROCOMPASS AND RADAR ALSO LIST LICENSES AND CERTIFICATES YOU HOLD OTHER THAN THOSE ISSUED BY THE COAST GUARD.								
	YES	NO		YES	NO		YES	NO
Certified Swimmer	<input type="checkbox"/>	<input type="checkbox"/>	Radio Operator (FCC)	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
CPR/First Aid	<input type="checkbox"/>	<input type="checkbox"/>	Radio Operator (CB)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Radar Operation	<input type="checkbox"/>	<input type="checkbox"/>	Small Arms	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Diver (Shallow water)	<input type="checkbox"/>	<input type="checkbox"/>	Landing Signal Operator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Diver (Deep water)	<input type="checkbox"/>	<input type="checkbox"/>	Aircraft Engineer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Lifeboatman	<input type="checkbox"/>	<input type="checkbox"/>	Aircraft Mechanic	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
I. LIST OTHER TECHNICAL TRAINING RECEIVED AND DATES RECEIVED, SUCH AS WORD PROCESSING, TELETYPE, ELECTRONICS, COMPUTERS, DAMAGE CONTROL, FIREFIGHTING, ETC.								
INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN							YES	NO
23. Are you a citizen of the United States? (You must be a U.S. citizen to be hired. You will be required to submit proof of identity and citizenship at the time you are hired.).....							<input type="checkbox"/>	<input type="checkbox"/>
NOTE: It is important that you give complete and truthful answers to questions 24 through 30. If you answer "YES" to any of them, provide your explanation(s) in Item 31. Include convictions resulting from a plea of nolo contendere (no contest). Omit: 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 16th birthday; 3) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar State law; 5) any conviction whose record was expunged under Federal or State law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for Federal jobs. However, if you fail to tell the truth of fail to list all relevant events or circumstances, this may be grounds, for not hiring you, for firing you after you begin work, or for criminal prosecution (18 USC 1001).								
24. During the last 10 years , were you fired from any job for any reason, did you quit after being told that you would be fired , or did you leave by mutual agreement because of specific problems?.....							<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever been convicted of, or forfeited collateral for any felony violation ? (Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.).....							<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been convicted, or forfeited collateral for any firearms or explosives violation ?.....							<input type="checkbox"/>	<input type="checkbox"/>
27. Are you now under charges for any violation of law?.....							<input type="checkbox"/>	<input type="checkbox"/>
28. During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in 25, 26, or 27, above							<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever been convicted by a military court-martial ? If no military service, answer " NO "							<input type="checkbox"/>	<input type="checkbox"/>
30. Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans.).....							<input type="checkbox"/>	<input type="checkbox"/>
31. If "YES" in: 24 - Explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address. 25 through 29 - Explain each violation. Give place of occurrence and name/address of police or court involved. 30 - Explain the type, length and amount of the delinquency or default, and steps you are taking to correct errors or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved. NOTE: If you need more space, use a sheet of paper, and include the item number.								
Item No.	Date (Mo./Yr.)	Explanation	Mailing Address					
			Name of Employer, Police, Court, or Federal Agency					
			City		State	ZIP Code		
			Name of Employer, Police, Court, or Federal Agency					
			City		State	ZIP Code		

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
32. Do you receive, or have you ever applied for retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?			
33. Do any of your relatives work for the United States Government or the United States Armed Forces? Include: father; mother; husband; wife; son; daughter; brother; sister; uncle; aunt; first cousin; nephew; niece; father-in-law; mother-in-law; son-in-law; daughter-in-law; brother-in-law; sister-in-law; stepfather; stepmother; stepson; stepdaughter; stepbrother; stepsister; half brother; and half sister. If "YES" , provide details below. If you need more space use a sheet of paper.			

Name	Relationship	Department, Agency or Branch of Armed Forces

SIGNATURE, CERTIFICATION, AND AUTHORITY FOR RELEASE OF INFORMATION

ATTENTION - YOU MUST SIGN THIS APPLICATION

Read the following carefully before you sign.

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- If you are a male born after December 31, 1959 you must be registered with the Selective Service System or have a valid exemption in order to be eligible for Federal employment. You will be required to certify as to your status at the time of appointment.
- I understand that any information I give may be investigated as allowed by law or Presidential order.
- I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the Federal Government.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

SIGNATURE: *(sign each application in dark ink)*

DATE SIGNED: *(month, day, year)*